

Independent Reviewers of Texas
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Notice of Independent Review Decision

[Date notice sent to all parties]:

11/4/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: right shoulder arthroscopic distal clavicle and shoulder arthroscopic bicep's tenodesis , anesthesia , ETT, regional with medical clearance, antibiotics, cefazolin 2gm IVPB, DME ultrasling, pre op tests CBC, CHEM 14, EKG with assistant surgeon

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]: The claimant is a male. The date of injury was noted to be XX/XX/XX. The claimant underwent an MR arthrogram of the right shoulder with contrast on xxx which revealed a SLAP lesion and degenerative changes at the acromioclavicular joint with underlying rotator cuff tendinopathy but no rotator cuff tear. The documentation of xxxx revealed the claimant underwent an injection which helped for 4 days. The pain was still the same. The claimant had right shoulder pain and popping. The claimant was attending formal therapy. The claimant indicated the physical therapy helped with

strength but his pain was unchanged. Prior treatments included oral medications, injections and therapy. The physical examination of the right side revealed 120 degrees active elevation and 150 degrees passive elevation. Internal rotation in abduction was 30 degrees, passively and to L5 actively. The strength test revealed supraspinatus strength of 4+/5 manual motor power, infraspinatus strength of 4+/5, subscapular strength of 4+/5 and deltoid strength of 4+/5. The claimant had crepitance, diffuse AC joint pain on the right side. The right side was positive for guarding, cross body adduction, extension and internal rotation, neural impingement, 60 degree impingement, 90 degrees impingement, Yergason's test, Speed's test and O'Brien's test. Diagnoses included: right shoulder AC and SLAP tear. The treatment plan indicated the claimant had failed therapy, rest, ice, pain medications and NSAIDs, 1 corticosteroid injection and physical therapy. A right shoulder arthroscopy, debridement, DCR and possible SLAP repair versus biceps tenodesis was recommended. The claimant's medical history indicated the claimant denied any internal medical problems. The claimant was on NSAIDs.

This request was previously denied as the duration of conservative care was not 3 months to support the biceps tenodesis. There was no documentation of results from an injection. Also, the claimant did not have significant AC joint degeneration to support a partial claviclectomy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The Official Disability Guidelines indicate that for partial claviclectomy, there should be a diagnosis of post-traumatic arthritis of AC joint and conservative care which is at least 6 weeks directed toward symptom relief prior to surgery. There should be pain at the AC joint and aggravation of pain with shoulder motion or carrying weight. There should be documentation of tenderness over the AC joint and/or pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial. There should be films documenting post-traumatic changes of AC joint or Severe DJD of AC joint. The clinical documentation submitted for review indicated the claimant had trialed conservative care directed at symptomatic relief and received an injection which helped for 4 days. The MR arthrogram revealed mild hypertrophic changes at the acromioclavicular joint. There was no indication that the claimant specifically had aggravation of pain with shoulder motion or carrying weight. The claimant did not have a diagnosis of post-traumatic arthritis of the AC joint. The distal clavicle surgical intervention would not be supported.

Regarding the biceps tenodesis, the Official Disability Guidelines indicate that for biceps tenodesis there should be 3 months of conservative treatment and claimant's should be undergoing concomitant rotator cuff repair with a history and physical examination and imaging that indicates pathology and that the definitive diagnosis of SLAP lesion is diagnostic arthroscopy. The documentation submitted for review is dated xxxxx. There was a lack of documentation indicating the claimant had undergone xxxxx for physical therapy as recommended by the referenced guidelines. The request for surgical intervention would not be appropriate. The claimant did not have any comorbid factors that would support

the necessity for a medical clearance, CBC, CHEM 14, or EKG. Regional anesthesia is recommended per the referenced guidelines when surgical intervention is appropriate, general anesthesia is not. Regarding the use of the ultrasling, the claimant would not be undergoing an open procedure for a massive tear and the ultrasling would not be supported. An assistant surgeon would be appropriate if surgical intervention was medically necessary. The use of cefazolin would be appropriate, if surgical intervention was appropriate, as in a surgical setting, the claimant would be exposed to bacteria.

Given the above, the prior determination regarding the right shoulder arthroscopic distal clavicle and shoulder arthroscopic biceps tenodesis, anesthesia, ETT, regional with medical clearance antibiotics, cefazolin, IVPB, DME ultra sling, pre op test CBC, CHEM 14, EKG with assistant surgeon is upheld.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES, Online, 13th edition, 2015, Shoulder Chapter, Partial claviclectomy (Mumford procedure), Surgery for biceps tenodesis, Office Visit, Postoperative abduction pillow sling,**

Regional anesthesia (for shoulder surgeries), Low Back Chapter, Preoperative lab testing, Preoperative electrocardiogram (ECG), Surgical assistant does not specifically address Cefazolin

☒ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION) Drugs.com - Cefazolin**